

DIVISION OF INSURANCE

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501
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SURPLUS LINES INSURER BUSINESS WRITTEN & PREMIUM TAX REPORT

DUE: APRIL 1

REPORT OF PREMIUMS COLLECTED AS OF DECEMBER 31, (ENTER YEAR)

NAME: NAIC NO.

ADDRESS:

CONTACT PERSON: (PLEASE PRINT) PHONE:

EMAIL ADDRESS:

PART I. DIRECT WRITTEN PREMIUM PRODUCER REPORT. (All insurers complete this section)

List the name & address of all South Dakota Licensed Surplus Line Brokers responsible for placing the direct business written on South Dakota resident risks, the name and address of the insured, date effective, policy number and amount of the premium. If not applicable, list business or individual self-procuring. Attach additional pages if necessary.

Table with 4 columns: NAME, ADDRESS, PROD. CLASS\*, TOTAL AMOUNT WRITTEN. Includes rows for 1, 2, 3 and a total row for TOTAL PREMIUMS WRITTEN \$.

\* Producer Classes: (1) South Dakota Surplus Lines Broker (2) Individual Self-Procured

\*\*This figure must match Part II, Line 3.

PART II. DIRECT PREMIUM WRITTEN REPORT. (All insurers complete this section.)

1. Direct Premium Written 1/1/ to 12/31/:
Fire Premium: (1) \$
All Other: (2) \$
Add: (1) + (2) Total Direct Written Premium (3)^ \$

^ Cross-check: A.S. - SD State Page & Schedule T.

SURPLUS LINES INSURER BUSINESS WRITTEN & PREMIUM TAX REPORT (cont.)

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State of \_\_\_\_\_)

County of \_\_\_\_\_)

I, \_\_\_\_\_, being first duly sworn, say and depose on oath, that I am the  
(Name)  
\_\_\_\_\_ of \_\_\_\_\_, that I am familiar  
(Official Title) (Company Name)  
with the subject matter reported in the foregoing document, and that the amounts set forth therein are correct  
to the best of my information, knowledge and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)